

Sign Out Edit View Format Reports Chat/Help

ICANotes
Behavioral Health EHR

Chart Room

Chart Face

Back

< prev

next >

Show Notes in List

SOS
610 N. Silver St
Silver City, NM 88061

575-958-6131
575-958-6947
Attson, Stephanie
ID: 151 DOB: 8/18/1987
Case Management Note (SOS)

Use Note Creation Time

Clear Time

Set Date/Time

7/28/2023
6:04 PM

Continue to prompt client to fulfill contractual obligations as needed and encourage client to participate in programming plans.

History of Risk Factors:

- *History of Alcohol or Substance Abuse
- *History of Abuse:

Current Risk Factors:

- *Absent or Weak Support System:
- *Experiencing Severe Anxiety or Panic
- *Serious Current Medical Problems

Suicide Risk Assessment:

She denies suicidal ideas or intentions.

Suicide Risk:

Based on the absence of risk factors, Stephanie's current risk of suicide is considered Very Low or Absent. There are no suicidal ideation or self-destructive or aggressive thoughts or actions.

Violence Risk:

Based on the risk factors reviewed, Stephanie's current risk of violence is considered Absent or Very Low. There is no homicidal ideation or intention. No aggressive ideation, self-injurious intentions, or ideation within the past six months prior to this instance of treatment.

Access to Lethal Means:

Access to lethal means was discussed with Stephanie. She denies having access to lethal means at this time.

1 Unit for H0038 Peer Support - UH

Time spent face to face with patient and/or family and coordination of care: 15 min

Session start: 5:15 PM
Session end: 5:30 PM

T.Y

Ryan Dingess, CSW

Electronically Signed
By: Ryan Dingess, CSW

Service Location

Turn

Audit Log

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